



Product-Plan Data Collection

Company Legal Name:	CareSource Kentucky Co.	State:	KY
HIOS Issuer ID:	45636	Market:	Individual
Effective Date of Rate Change(s):	1/1/2019		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		CareSource Marketplace							CareSource Marketplace Dental and Vision					CareSource Marketplace Federal Simple Choice	
Product ID:		45636KY001							45636KY002					45636KY003	
Metal:		Catastrophic	Bronze	Silver	Bronze	Gold	Silver	Silver	Silver	Gold	Silver	Bronze	Silver	Gold	Bronze
AV Metal Value		0.585	0.620	0.686	0.616	0.791	0.705	0.720	0.686	0.791	0.705	0.616	0.720	0.804	0.613
AV Pricing Value		0.683	0.863	1.041	0.807	1.160	1.096	1.155	1.096	1.215	1.151	0.861	1.210	0.010	0.010
Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		CareSource Marketplace Catastrophic	CareSource Marketplace HSA Eligible Bronze	CareSource Marketplace Low Premium Silver	CareSource Marketplace Bronze	CareSource Marketplace Gold	CareSource Marketplace Standard Silver	CareSource Marketplace Deductible Silver	Marketplace Low Premium Silver Dental and Vision	CareSource Marketplace Gold Dental and Vision	Marketplace Standard Silver Dental and Vision	Marketplace Bronze Dental and Vision	Marketplace Low Deductible Silver Dental and Vision	CareSource Marketplace Gold Federal Standard	Marketplace Bronze Federal Standard
Plan ID (Standard Component ID):		45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017	45636KY0020031	45636KY0030001	45636KY0030003
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Historical Rate Increase - Calendar Year - 2		10.00%							0.00%					0.00%	
Historical Rate Increase - Calendar Year - 1		29.30%							0.00%					0.00%	
Historical Rate Increase - Calendar Year 0		53.78%							38.25%					60.73%	
Effective Date of Proposed Rates		1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019
Rate Change % (over prior filing)		24.13%	23.52%	19.94%	19.84%	13.40%	20.45%	20.65%	19.82%	13.59%	20.32%	19.26%	20.50%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		24.13%	23.52%	19.94%	19.84%	13.40%	20.45%	20.65%	19.82%	13.59%	20.32%	19.26%	20.50%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		65.16%	0.00%	89.03%	47.43%	49.81%	69.95%	98.27%	0.00%	48.36%	66.42%	44.94%	0.00%	-100.00%	-100.00%
Product Rate Increase %		19.55%							18.68%					0.00%	

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017	45636KY0020031	45636KY0030001	45636KY0030003
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$491.98	\$189.50	\$416.71	\$517.70	\$401.34	\$610.15	\$542.58	\$571.06	\$545.37	\$637.82	\$570.25	\$430.60	\$598.75	\$0.00	\$0.00
Projected Member Months	622,222	6,056	22,324	162,028	169,749	38,957	62,273	34,377	26,645	18,841	25,877	46,501	8,594	0	0

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017	45636KY0020031	45636KY0030001	45636KY0030003
Plan Adjusted Index Rate	\$349.79	\$245.84	\$0.00	\$327.54	\$325.31	\$460.56	\$383.47	\$346.50	\$0.00	\$486.96	\$411.09	\$353.29	\$0.00	\$419.91	\$304.91
Member Months	317,609	4,106	0	122,421	6,402	14,076	23,781	68,261	0	8,662	15,322	3,654	0	11,464	39,460
Total Premium (TP)	\$106,398,604	\$566,896	\$0	\$41,617,588	\$1,833,275	\$5,373,209	\$8,576,573	\$22,963,319	\$0	\$2,945,060	\$4,821,439	\$952,215	\$0	\$4,370,649	\$12,378,381

EHB Percent of TP, [see instructions]	99.78%	99.03%	100.00%	99.82%	99.64%	99.90%	99.87%	99.80%	100.00%	99.76%	99.66%	98.85%	100.00%	99.84%	99.63%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.22%	0.97%	0.00%	0.18%	0.36%	0.10%	0.13%	0.20%	0.00%	0.24%	0.34%	1.15%	0.00%	0.16%	0.37%
Total Allowed Claims (TAC)	\$119,430,076	\$295,045	\$0	\$48,500,234	\$1,222,370	\$9,833,607	\$12,395,665	\$23,825,552	\$0	\$4,673,070	\$5,892,061	\$416,198	\$0	\$5,038,718	\$7,337,555
EHB Percent of TAC, [see instructions]	99.80%	99.03%	100.00%	99.82%	99.64%	99.90%	99.87%	99.80%	100.00%	99.76%	99.66%	98.85%	100.00%	99.84%	99.63%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.20%	0.97%	0.00%	0.18%	0.36%	0.10%	0.13%	0.20%	0.00%	0.24%	0.34%	1.15%	0.00%	0.16%	0.37%
Allowed Claims which are not the issuer's obligation:	\$31,508,552	\$190,430	\$0	\$13,664,883	\$414,567	\$1,548,596	\$2,657,543	\$6,940,289	\$0	\$681,208	\$1,487,453	\$205,448	\$0	\$1,181,180	\$2,536,957
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$8,609,686	\$0	\$0	\$5,403,055	\$1,314	\$0	\$525,113	\$2,210,446	\$0	\$448	\$465,389	\$3,922	\$0		
Portion of above payable by HHS on behalf of insured person, as %	27.32%	0.00%		39.54%	0.32%	0.00%	19.76%	31.85%		0.07%	31.29%	1.91%			
Total Incurred claims, payable with issuer funds	\$87,921,524	\$104,615	\$0	\$34,835,351	\$807,803	\$8,285,012	\$9,738,123	\$16,885,263	\$0	\$3,991,863	\$4,404,609	\$210,750	\$0	\$3,857,538	\$4,800,599
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk Adjustment Transfer Amount	-\$10,455,578.89	-\$9,174.06	\$0.00	-\$4,046,607.58	-\$892,712.27	\$6,367,951.43	-\$375,760.96	-\$1,969,940.24	\$0.00	\$1,437,491.05	-\$289,436.07	-\$457,204.11	\$0.00	-\$4,085,503.56	-\$6,134,682.52

Incurred Claims PMPM	\$276.82	\$25.48	\$0.00	\$284.55	\$126.18	\$588.59	\$409.49	\$247.36	\$0.00	\$460.85	\$287.47	\$57.68	\$0.00	\$336.49	\$121.66
Allowed Claims PMPM	\$376.03	\$71.86	\$0.00	\$396.18	\$190.94	\$698.61	\$521.24	\$349.04	\$0.00	\$539.49	\$384.55	\$113.90	\$0.00	\$439.53	\$185.95
EHB portion of Allowed Claims, PMPM	\$375.27	\$71.16	\$0.00	\$395.46	\$190.25	\$697.91	\$520.56	\$348.34	\$0.00	\$538.20	\$383.24	\$112.59	\$0.00	\$438.82	\$185.26

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	45636KY0010010	45636KY0010013	45636KY0010014	45636KY0010017	45636KY0010029	45636KY0010030	45636KY0010031	45636KY0020014	45636KY0020015	45636KY0020016	45636KY0020017	45636KY0020031	45636KY0030001	45636KY0030003
Plan Adjusted Index Rate	\$587.25	\$406.02	\$513.26	\$619.16	\$479.61	\$689.97	\$651.69	\$687.00	\$651.61	\$722.43	\$684.15	\$512.07	\$719.46	\$0.00	\$0.00
Member Months	622,222	6,056	22,324	162,028	169,749	38,957	62,273	34,377	26,645	18,841	25,877	46,501	8,594	-	-
Total Premium (TP)	\$365,403,034	\$1,424,559	\$11,490,490	\$100,606,584	\$81,645,698	\$26,956,220	\$40,698,625	\$23,684,457	\$17,411,397	\$13,650,237	\$17,754,340	\$23,879,593	\$6,200,833	\$0	\$0
EHB Percent of TP, [see instructions]	98.94%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.32%	95.78%	95.54%	94.04%	95.76%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	1.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.68%	4.22%	4.46%	5.96%	4.24%	0.00%	0.00%
Total Allowed Claims (TAC)	\$303,469,512	\$1,418,227	\$10,831,479	\$76,828,821	\$80,073,215	\$21,304,396	\$30,600,689	\$17,181,694	\$13,339,196	\$10,802,197	\$13,400,780	\$23,165,956	\$4,522,862	\$0	\$0
EHB Percent of TAC, [see instructions]	98.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.71%	95.38%	94.89%	94.69%	94.97%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	1.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.29%	4.62%	5.11%	5.31%	5.03%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$72,777,023	\$489,165	\$3,573,175	\$13,274,038	\$28,500,557	\$4,275,229	\$4,890,356	\$2,219,428	\$2,374,594	\$2,203,251	\$2,218,393	\$8,142,129	\$616,707	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$230,692,489	\$929,062	\$7,258,304	\$63,554,783	\$51,572,658	\$17,029,167	\$25,710,333	\$14,962,266	\$10,964,601	\$8,598,946	\$11,182,386	\$15,023,827	\$3,906,155	\$0	\$0
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Risk Adjustment Transfer Amount	-\$40,954,068	-\$275,595	-\$1,284,185	-\$11,243,858	-\$9,124,777	-\$3,012,645	-\$4,548,505	-\$2,646,990	-\$1,945,909	-\$1,525,559	-\$1,984,237	-\$2,668,799	-\$693,009	\$0	\$0